

PART B - FEE(S) TRANSMITTAL

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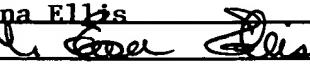
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

23363 7590 06/30/2004

CHRISTIE, PARKER & HALE, LLP
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| | |
|--|--------------------|
| M. Ena Ellis | (Depositor's name) |
|  | (Signature) |
| September 30, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/692,494 | 10/19/2000 | Kristine B. Fuimaono | 39716/KMO/W112 | 6739 |

TITLE OF INVENTION: IRRIGATION PROBE FOR ABLATION DURING OPEN HEART SURGERY

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$0 | \$1330 | 09/30/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------------|----------|----------------|
| RODRIGUEZ, CRIS LOIREN | 3763 | 604-021000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Christie, Parker & Hale, LLP
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Biosense Webster, Inc.

Diamond Bar, California

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee

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Advance Order - # of Copies 10

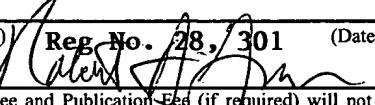
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(Authorized Signature)  Reg. No. 28,301 (Date) 9/30/04

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10/05/2004 GWWUD0F2 00000065 09692494

01 FC:1501
02 FC:8001

1330.00 UP
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